

10/537365

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. Is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEES FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	minus 20 =	.
INDEPENDENT CLAIMS	minus 3 =	.
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
RATE	Fee		RATE	Fee
BASIC FEE		OR	BASIC FEE	
EXAM. FEE			EXAM. FEE	
SEARCH FEE			SEARCH FEE	
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL		OR	TOTAL	

**CLAIMS AS AMENDED - PART II**

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		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 14	Minus	.. 22	=
Independent	• 2	Minus	... 22	=

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT.	

		(Column 1)	(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
<b>TOTAL ADDIT. FEE</b>	

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
<b>TOTAL ADDIT. FEE</b>	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than "21", enter "21".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the accommodation box(es).